



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

October 20, 2015

TO: Supervisor Michael D. Antonovich, Mayor  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

FROM: X Jerry E. Powers  
Chief Probation Officer

SUBJECT: **OPTIMIST YOUTH & FAMILY SERVICES GROUP HOME CONTRACT  
COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Optimist Youth & Family Services, operated by Optimist Boy's Home & Ranch, Inc., in April 2015. Optimist Youth & Family Services has five (5) sites, all which are located in Los Angeles County. The Main Campus and the Eagle Rock Group Home are located in the First Supervisorial District. The South Bay Group Home is located in the Second Supervisorial District. The Van Nuys and the Valley Group Home are located in the Third Supervisorial District. They provide services to Los Angeles County Probation foster children and Probation foster children from other counties statewide. Additionally, Optimist also provides services to children who are dually supervised by both Probation and the Department of Children & Family Services (DCFS), when Probation is the lead agency. According to the Optimist Youth & Family Services program statement, its purpose is to provide supervised care and services for boys and girls 12-17 years old, who exhibit behavioral, social, emotional, and psychological difficulties in a residential setting. The Optimist Main Campus also provides services for boys and non-minor dependent housing services, under Assembly Bill (AB) 12, to boys and girls 18-21 years old. The overall goal is to assist children so they may achieve a higher level of social functioning and increase non-delinquent adjustment, so they may return to the community at reduced risk for dysfunctional and destructive behaviors.

Optimist Youth & Family Services consists of five (5) sites located in residential neighborhoods. The Main Campus has a capacity of 97 beds for boy's ages 12-21.

***Rebuild Lives and Provide for Healthier and Safer Communities***

The Eagle Rock Group Home and the Van Nuys Group Home sites are both 6-bed homes for girls. The Valley Group Home and the South Bay Group Home sites are both 6-bed homes for boys. At the time of review, Optimist Youth & Family Services was serving 54 Los Angeles County Probation children and 22 out of county Probation children from Alameda County, Contra Costa County, Orange County, Riverside County, Sacramento County, San Bernardino County, San Francisco County, San Joaquin County, Santa Clara County, Stanislaus County and Tulare County for a total of 76 Probation youth. Based on the sample size, the placed children's overall average length of placement was four (4) months, and their average age was 17 years old.

### **SUMMARY**

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Optimist Youth & Family Services, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Optimist Youth & Family Services was in compliance with seven (7) of the 10 areas of the Contract Compliance Review: "Maintenance of Required Documentation and Service Delivery;" "Education and Workforce Readiness;" "Psychotropic Medications;" "Personal Rights and Social/Economic Well-Being;" "Personal Needs/Survival and Economic Well-Being;" "Discharge Children;" and "Personnel Records."

Although, PPQA/GHM noted deficiencies in three (3) out of 10 areas, there were no egregious finding in any of those areas. In the area of "Licensure/Contract Requirements", Optimist Youth & Family Services did not maintain appropriate and comprehensive monetary and clothing allowance logs. In the area of "Facility and Environment", it was noted that Optimist Youth & Family Services needed to make minor repairs by ensuring that all beds are stable, all graffiti is removed from beds, closets, and desks, and all loose bricks are either secured or removed. In the area of "Health and Medical Needs", Optimist Youth & Family Services failed to have a resident's initial health exam conducted within 30 days upon arrival to the Group Home.

### **REVIEW OF REPORT**

On April 28, 2015, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with Optimist Youth & Family Services' Executive Director Sil Orlando, Clinical Director Mary Hudson, Clinical Supervisor Tonia Tse, Group Home Director Euna Ra-Smith, Assistant Group Home Director Theresa Nunez, Resident Director Bob Guzman, Assistant Residential Director Ruben Cardiel, and the Director of Quality Improvement Maria Bhattachan. The Optimist Youth & Family Services representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Optimist Youth & Family Services Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB  
LCM:ed

#### Attachments

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Phillip L. Browning, Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Latasha Howard, Probation Contracts  
Sil Orlando, Executive Director  
Maria Bhattachan, Optimist Director of Quality Improvement  
Community Care Licensing

**OPTIMIST YOUTH & FAMILY SERVICES  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2014-2015**

**SCOPE OF REVIEW**

The purpose of this review was to assess Optimist Youth & Family Services' compliance with the County contract and State regulations and include a review of the Optimist Youth & Family Services program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, seven (7) placed children were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, four (4) placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files were reviewed to assess Optimist Youth & Family Services compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

**CONTRACTUAL COMPLIANCE**

The following three (3) areas were out of compliance.

**Licensure/Contract Requirements**

- During a review of the seven (7) children's clothing allowance logs, it was revealed that proper documentation was not present regarding resident's clothing purchases. In several files, the clothing allowance was labeled "Laundry," while others had an invoice number. Optimist Youth & Family Services Accounting Department had a standing balance of clothing purchases from either their on-site clothing store ("Laundry") or from off campus stores, but no documentation in the children's files.

## **Recommendation**

Optimist Youth & Family Services management shall ensure that:

1. All children's files have accurate clothing allowance records, which are to include a current ledger accounting, with columns to include the place where clothing was purchased, income, disbursements, and a balance for each child. Dorm Supervisors and Group Home Managers are to attach all clothing receipts with the child's clothing allowance log, as well as, submitting them to the Accounting Department.

## **Facility and Environment**

An inspection of the interiors and exteriors of Optimist Youth & Family Services revealed some cosmetic deficiencies that required correction. The following are the itemized deficiencies at each Group Home site in the exterior at one site, common areas and children's bedrooms.

### **Main Campus**

1. "A" Dorm
  - Room #3 & #4 have graffiti inscribed on the desk
  - Room #6 & #8 have graffiti inscribed on the door
2. "B" Dorm
  - The playroom has a loose brick that needs securing
  - The sofa has ripped upholstery
  - Room #2 has a broken hinge on the desk
  - Room #2 desk has graffiti
  - Room #2 is in need of paint
  - Room #4 has graffiti on the window sill
  - Room #8 has graffiti in the closet
  - Room #9 has graffiti in the drawer, on the desk, and in the closet.
3. "C" Dorm
  - Room #5 has graffiti on the window sill
  - Room #8 has graffiti on the laundry basket
4. "E" Dorm
  - Room #5 has graffiti in the closet
5. ILP 6 Bed
  - Room #2 has graffiti in the closet

### **Eagle Rock Group Home**

- Loose bricks in backyard

### **Valley Group Home**

- Room #3 has a broken drawer in the dresser

Van Nuys Group Home

- Room #3 has bed that needs securing

**Recommendation**

Optimist Youth & Family Services management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the Exterior Area, that have not already been fixed are corrected and repaired in a timely fashion, in accordance with the Community Care Licensing, Title 22 Regulations.
2. All of the aforementioned physical deficiencies cited in the Common Areas, that have not already been fixed are corrected and repaired in a timely fashion, in accordance with the Community Care Licensing, Title 22 Regulations.
3. All of the aforementioned physical deficiencies cited in the Children's Bedrooms, that have not already been fixed are corrected and repaired in a timely fashion, in accordance with the Community Care Licensing, Title 22 Regulations.

**Health and Medical Needs**

- A review of the files revealed that one (1) of the seven (7) children was not provided with a timely medical examination. In the initial NSP, it is documented that the child was not seen for his physical examination due to being moved from a 6-bed Group Home to the Main Campus. Due to this change, his appointment was moved; therefore, he was not seen within the 30 days of being placed.

**Recommendation**

Optimist Youth & Family Services management shall ensure that:

1. All children are provided with a timely, thorough physical examination by a medical doctor within 30 days of being placed at the Group Home, in accordance with the CCL, Title 22 standards.

**PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

PPQA/GHM's last compliance report dated September 29, 2014, identified five (5) recommendations.

**Results**

Based on the follow-up, Optimist Youth & Family Services fully implemented five (5) of the five (5) previous recommendations for which they were to ensure that:

- Optimist Youth & Family Services make a concerted effort to obtain signatures for all involved in the development and implantation of a child's NSP. Furthermore, efforts to obtain these signatures shall be maintained through supporting documentation and made readily available upon request by the county, in accordance to Title 22 and the Master County Contract, SOW.
- The monthly contact with each child's County Worker is properly documented.
- All NSP deficiencies were corrected so that each child has comprehensive Initial and Updated NSPs, in accordance to Title 22 and the Master County Contract, SOW.
- Each child's file maintains accurate school records, in accordance to Title 22 standards, which include, but not limited to "including his/her grade or performance level.
- The Group Home staff shall also "work with the placed child's teachers and academic counselors to monitor educational progress" for each child under its care and provide proper documentation in each child's file, as stated in the Master County Contract, SOW.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER**

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller's Office for Optimist Youth & Family Services.

**OPTIMIST YOUTH & FAMILY SERVICES  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Main Campus (Boys)**  
**6957 N. Figueroa Street**  
**Los Angeles, CA 90042**  
**License Number: #191801986**  
**Rate Classification Level: 12**

**Valley Group Home (Girls)**  
**7130 Burnet Avenue**  
**Van Nuys, CA 91405**  
**License Number: #197600766**  
**Rate Classification Level: 12**

**Eagle Rock Group Home (Girls)**  
**1635 Silver Oak Terrace**  
**Los Angeles, CA 90041**  
**License Number: #191890971**  
**Rate Classification Level: 12**

**Valley Group Home (Boys)**  
**14820 Wolfskill Street**  
**Mission Hills, CA 91345**  
**License Number: #191201124**  
**Rate Classification Level: 12**

**South Bay Group Home (Boys)**  
**20209 Tillman Avenue**  
**Carson, CA 90745**  
**License Number: #191604301**  
**Rate Classification Level: 12**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: April 2015</b>
I	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>Timely Notification for Child's Relocation</li> <li>Transportation Needs Met</li> <li>Vehicle Maintained In Good Repair</li> <li>Timely, Cross-Reported SIRs</li> <li>Disaster Drills Conducted &amp; Logs Maintained</li> <li>Runaway Procedures</li> <li>Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>Detailed Sign In/Out Logs for Placed Children</li> <li>CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>Full Compliance</li> <li>Full Compliance</li> <li>Full Compliance</li> <li>Full Compliance</li> <li>Full Compliance</li> <li>Full Compliance</li> <li>Improvement Needed</li> <li>Full Compliance</li> <li>Full Compliance</li> </ol>
II	<b><u>Facility and Environment</u></b> (5 Elements) <ol style="list-style-type: none"> <li>Exterior Well Maintained</li> <li>Common Areas Maintained</li> <li>Children's Bedrooms</li> <li>Sufficient Recreational Equipment/Educational Resources</li> <li>Adequate Perishable and Non-Perishable Foods</li> </ol>	<ol style="list-style-type: none"> <li>Improvement Needed</li> <li>Improvement Needed</li> <li>Improvement Needed</li> <li>Full Compliance</li> <li>Full Compliance</li> </ol>
III	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements) <ol style="list-style-type: none"> <li>Child Population Consistent with Capacity and Program Statement</li> </ol>	Full Compliance (ALL)



	<ol style="list-style-type: none"> <li>2. County Worker's Authorization to Implement NSPs</li> <li>3. NSPs Implemented and Discussed with Staff</li> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> <li>7. County Workers Monthly Contacts Documented</li> <li>8. Children Assisted in Maintaining Important Relationships</li> <li>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation</li> <li>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation</li> </ol>	
IV	<b><u>Educational and Workforce Readiness</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</li> <li>3. Current Report Cards Maintained</li> <li>4. Children's Academic or Attendance Increased</li> <li>5. GH Encouraged Children's Participation in YDS/ Vocational Programs</li> </ol>	Full Compliance (ALL)
V	<b><u>Health and Medical Needs</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> </ol>
VI	<b><u>Psychotropic Medication</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (ALL)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (13 Elements) <ol style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Appropriate Staffing and Supervision</li> <li>4. GH's efforts to provide Meals and Snacks</li> <li>5. Staff Treat Children with Respect and Dignity</li> <li>6. Appropriate Rewards and Discipline System</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend or not Attend Religious</li> </ol>	Full Compliance (ALL)

	<p>Services/Activities</p> <ol style="list-style-type: none"> <li>9. Reasonable Chores</li> <li>10. Children Informed About Their Medication and Right to Refuse Medication</li> <li>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> <li>13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> </ol>	
VIII	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children's Involved in Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with Life Book</li> </ol>	Full Compliance (ALL)
IX	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (ALL)
X	<p><b><u>Personnel Records</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. DOJ, FBI, and CACIs Submitted Timely</li> <li>2. Signed Criminal Background Statement Timely</li> <li>3. Education/Experience Requirement</li> <li>4. Employee Health Screening/TB Clearances Timely</li> <li>5. Valid Driver's License</li> <li>6. Signed Copies of Group Home Policies and Procedures</li> <li>7. <u>All</u> Required Training</li> </ol>	Full Compliance (ALL)



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# OPTIMIST

Youth Homes & Family Services

**DATE:** May 18, 2015

Silvio John Orlando, ACSW  
Executive Director

Douglas E. Buttrick  
Chief Financial Officer

**TO:** Los Angeles County Probation Department  
Placement Permanency & Quality Assurance  
Director Lisa Campbell-Motton,  
Supervising Deputy Probation Officer Pamela Peese &  
DPO Joseph Ninofranco

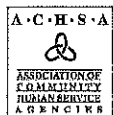
## Affiliations



Accredited by



California Alliance  
OF CHILD AND FAMILY SERVICES



Optimist International

**RE:** Corrective Action Plan

Dear Placement Permanency and Quality Assurance Team:

It was a pleasure working together with DPO Ninofranco during the annual site review.

Please find attached the corrective action plan of Optimist Youth Homes & Family Services.

If there are any questions, please feel free to contact me at 323-443-3180 or email me at [mbhattachan@oyhfs.org](mailto:mbhattachan@oyhfs.org).

Maria Bhattachan, Director of Quality Improvement

Sil Orlando, Executive Director

## OPTIMIST YOUTH & FAMILY SERVICES

**Main Campus (Boys)**  
6957 N. Figueroa Street  
Los Angeles, CA 90042  
License # 191801986  
Rate Classification Level: 12

**Van Nuys Group Home (Girls)**  
7130 Burnet Avenue  
Van Nuys, CA 91405  
License # 197600766  
Rate Classification: 12

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Los Angeles, CA 90041  
License # 191890971  
Rate Classification Level: 12

**Valley Group Home (Boys)**  
14820 Wolfskill Street  
Mission Hills, CA 91345  
License # 191201124  
Rate Classification Level: 12

**South Bay Group Home (Boys)**  
20209 Tillman Avenue  
Carson, CA 90745  
License # 191604301  
Rate Classification Level: 12

**May 18, 2015**

### **I. Licensure/ Contract Requirements**

Are appropriate and comprehensive monetary and clothing allowance logs maintained?

#### **Findings:**

No files reviewed had proper documentation regarding resident's clothing purchases.

#### **Corrective Action Plan:**

*The concern of the Probation department was the separation of the clothing allowance logs and the receipts of the purchases: At OYHFS, we have always kept the receipts in the accounting department and the allowance logs in the dorms. From now on, all dorms and group homes will keep a copy of any clothing purchase receipt with the resident's allowance log in addition to submitting it to the accounting department. Supervisors and managers were instructed to do so starting with May purchases. They were also instructed to document every purchase with either the store name or "laundry department" and the invoice#. See training sign-in/ letter attached. The assistant residential director will review the allowance logs*

*of the residents monthly to ensure the follow-through. In addition, the quality improvement department will audit the allowance logs and receipts on a quarterly basis when doing their environmental rounds.*

## **II. Facility and Environment**

*Are all grounds, common quarters and children's bedrooms well maintained?*

### **Findings:**

*Several areas showed graffiti and other minor issues.*

### **Corrective Action Plan:**

*The main campus of OYHFS is over 100 years old. The dorms were built in the 1970s. The rooms are constantly renovated and painted, but with the clientele we have it is very hard to keep up the facilities. Our maintenance department works continuously to remove graffiti, fix and paint damaged walls and furniture. Our dorm staff do monthly rounds to let the maintenance department know what needs to be done. The maintenance department also works very closely with the quality improvement department to prioritize renovations. In addition, OYHFS is looking for a grant to totally re-do the dorms which will help enormously with the up-keeping of the dorms. The project will hopefully occur in 2016.*

*Our group homes are well maintained and the few little issues found were taken care of right away. The same procedures occur in the group homes in regards to rounds and oversight of the quality improvement department.*

### **Corrective actions taken on the main campus:**

*B dorm play room (game room): The loose brick was stabilized right after the site visit.*

*B dorm dayroom: The sofa was already on order when the site visit occurred and was delivered a couple days after.*

*A Dorm: Rooms #3 and #4: The desks were cleaned and painted.*

*A Dorm: Rooms #6 and #8: The doors and door frames were sanded down and painted.*

*B dorm: Room #2: the broken hinge on the desk was fixed, the graffiti removed and the wall painted.*

*B dorm: Room #4: The window sill was painted.*

*B dorm: Room #8: The inside of the closet was painted.*

*B Dorm: Room #9: The desks were cleaned and painted.*

*C Dorm: Room #5: the window sill was painted.*

*C Dorm: Room #8: The laundry basket was exchanged.*

*E Dorm: Room #5: The closet was painted.*

*ILP #6: The closet was painted.*

### **Corrective actions taken in the group homes:**

**Eagle Rock GH: The loose bricks found in the backyard were removed at time of the site visit.**

**Valley GH: Room #3: Drawer was fixed.**

**Van Nuys GH: Room #3: Bed was stabilized.**

**V. Health and Medical Needs**

**Findings:**

1. One youth was not seen for his initial physical exam within 30 days of placement.

**Corrective Action Plan:**

***Our agency is fortunate to have its own health office and several nurses working there. The residents are well taken care of and always seen by the appropriate doctors in a timely manner. In this case, the youth transferred from the group home to the main campus. Through that move some rescheduling had to be done and therefore the 30-day mark was not met. The resident was seen on the 31<sup>st</sup> day, though. For the future, if there is a transfer, the agency will ensure that the resident is seen for his physical exam within 30 days of placement. If needed, another doctor appointment will be made to ensure quick turnaround. If it is not possible for any reason, the agency will document it appropriately.***

  
\_\_\_\_\_  
**Maria Bhattachan, Director of Quality Improvement**


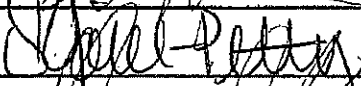


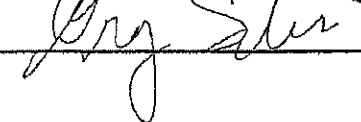
  
\_\_\_\_\_  
**Sil Orlando, Executive Director**

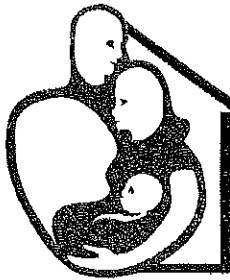
## Residents Clothing Log

As of April 22, 2015. Please attach all copies of clothing receipts to residents clothing allowance logs. We need all receipts from the laundry department and/or off grounds to be included and in chronological order.

All laundry invoices should be entered with invoice numbers and state "Laundry Department"

All off grounds receipts should be logged stating the name of the store.

1.  Stephanie Watkins
2.  Alphonse Goree-Petty
3.  Dennis Johnson
4.  Robert Perez
5.  Greg Solis Bodorn



*Serving Youth Since 1906*

# OPTIMIST

Youth Homes & Family Services

Silvio John Orlando, ACSW  
*Executive Director*

Crystal L. Brackin  
*Assistant Executive Director*

Douglas E. Buttrick  
*Chief Financial Officer*

Managers and Dorm Supervisors,

5/4/15

As a result of the Los Angeles County Audit, our Optimist's laundry department receipts must be spelled out "Laundry Department" with the invoice number. We will continue to keep all copies of receipts from Optimist laundry and outside stores with the client's allowance clothing log to insure there is cross references for all expenses.

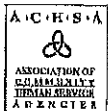
Thank you,

Theresa Nunez ,Ruben Cardiel

## Affiliations



Accredited by





## **Repairs done in regards to LA County Probation Audit 2015**

Hi Ed,

Here is the more detailed follow-up of our LA County audit.

Here are a few things we need to fix asap:

### **Response from Maintenance Department May 11:**

#### **Main campus:**

**Game room:** In front of the game room is a loose brick. This needs to be fixed. –

Done 5/7

#### **A Dorm:**

Rooms #3 and 4 have graffiti on the desk. - Done 4/30

Rooms #6 and 8 have graffiti on the door. -Done

#### **B Dorm:**

Room #2 has a broken hinge on the desk and graffiti.- Done

The wall also needs to be painted.

Room #4 has graffiti on the window sill. - Done 4/29

Room #8 has graffiti in the closet. Done

Room #9 has graffiti in drawer, desks and closet. - Done

#### **C Dorm:**

Room #5 has graffiti on window sill. - Done

Room #8 has graffiti on the laundry basket - Done, entire dorm got new baskets.

#### **E Dorm:**

Room #5 has graffiti in closet - Done 4/30

#### **ILP 6:**

Room #2 has graffiti in closet - Done

**Valley Group Home:** Room #3 has a broken drawer. - Done

**Van Nuys Group Home:** Room #3 has a bed with a loose screw. - Done

Thank you, any questions please call #3177.

Ed Skelton